

MONTANA BOARD OF PHARMACY
(301 S PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2300 FAX (406) 841-2344
E-MAIL: dlibsdp@mt.gov WEBSITE: www.pharmacy.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

**TECHNICIAN-IN-TRAINING IS NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER
WITHOUT AN ACTIVE MONTANA REGISTRATION**

REGISTRATION REQUIREMENTS: 24.174.701-701 AND 704 PHARMACY TECHNICIAN-IN-TRAINING:

- ◆ Submit application on a form prescribed by the Board and pay application fees

TECHNICIAN-IN-TRAINING:

- ◆ Apply to the Board for a permit and pay required fee
- ◆ Provide the name and address in which the pharmacy technician-in-training is employed. A change in place of employment will require submission of updated information within ten working days of the change
- ◆ Pharmacy Technician-in-Training has 18 Months from the time of registration to pass the Pharmacy Technician Certification Board (PTCB), Exam for the Certification of Pharmacy Technician (EXCPT) or other board approved certifying entity. Fax or send a copy of the PTCB certification to the Montana Board of Pharmacy so registration can be changed to Certified Pharmacy Technician. The permit to practice may not be renewed.
- ◆ The permit to practice as a technician-in-training shall be valid for a period of not longer than 18 months. A technician-in-training applicant who has not passed the Pharmacy Technician Certification Board (PTCB), EXCPT, or other board-approved certifying exam within the 18 months due to extenuating circumstances may file a written request to the board for an extension of his or her technician-in-training license. The board will then determine when the license will expire. A technician-in-training whose license has expired but who did not pass the requisite exam may not apply for a technician-in-training license a second time.
- ◆ Working as a technician-in-training with an expired license is cause for disciplinary action against the licensee.

FEE: \$60.00 (Non-Refundable) – Application Fee for Pharmacy Technician-in-Training

****Make check or money order payable to the Montana Board of Pharmacy****

PHOTO: Attach photo to page 3 of the application. Passport size is preferable.

EXAMINATION INFORMATION:

- ◆ **ExCPT Examination:** The Pharmacy Technician Training Manual can be ordered on the website at: www.nationaltechexam.org. Call National Health Career Association (NHA) at 800-211-2754 to arrange a test date, time and location to take the examination
- ◆ **PTCB Examination:** Information and packets for registration for the PTCB examination may be obtained by telephoning the Montana Pharmacy Association at 406-449-3843. Additional information regarding PTCB continuing education may be obtained at www.ptcb.org

ADDITIONAL INFORMATION AND FORMS TO BE SUBMITTED ONCE THE EXAMINATION HAS BEEN PASSED WITHIN THE EIGHTEEN MONTH PERIOD:

- ◆ Submit proof of certification by the Pharmacy Technician Certification Board (PTCB) or Exam for the Certification of Pharmacy Technicians (EXCPT) or other board approved certifying entity.
This is your responsibility to submit as the Certification Board does not submit this information to the Board of Pharmacy.

- **If this is received before the eighteen month period there is not an additional fee. If past the eighteen months a Pharmacy Technician application and fee will be required to be submitted**
- ◆ Must be at least 18 years of age
- ◆ A high school graduate or have attained an equivalent degree
- ◆ Of good moral character
- ◆ No pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes shall be eligible to be registered as a pharmacy technician.
- ◆ **Character References:** Three character references that have knowledge of your ability to practice as a pharmacy technician or technician-in-training. One must be from a registered pharmacist. Questionnaires should be returned to the board office and not to the applicant. Technicians-in-Training are required to submit character reference forms before the end of the 18 month period
- ◆ **State Licensing Verification form:** This form must be sent to all state boards in which you hold or ever held a professional/occupational license. The completed verification must be returned directly to the Montana State Board of Pharmacy.

DOCUMENTS:

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- ◆ Copy of High School Diploma or equivalency certificate
- ◆ Copy of birth certificate/drivers license
- ◆ Copy of current PTCB certificate if applying as a Certified Pharmacy Technician

ADDITIONAL RULES:

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for registration. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in registration status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Once a routine application is processed and approved a registration will be issued.

For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff email at dlibsdp@mt.gov or visit the website at: pharmacy.mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PHARMACY
TECHNICIAN OR PHARMACY TECHNICIAN-IN-TRAINING AT THE WEBSITE

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AFFIX PHOTO
HERE
PASSPORT SIZE

Application for Licensure as:

Pharmacy Technician-in-Training

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip
5. HOME ADDRESS _____
Street or PO Box # City and State Zip
- PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____
6. TELEPHONE (_____) (_____) (_____)
Home Cell Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ ☐ Female ☐ Male
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever take the Pharmacy Technician Certification Board examination in Montana or any other state? If yes, give state, date, results. ☐ Yes ☐ No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
13. List all professional licenses/registrations you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Have you ever had an application for a professional or occupation license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

15. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

16. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

17. Have you ever withdrawn or been suspended, placed on probation, expelled or Requested to resign from any postsecondary educational program? If yes, please Attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

18. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

19. Has a licensing agency initiated or completed disciplinary action against Any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.

☐ Yes ☐ No

20. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

21. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

22. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

23. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.

☐ Yes ☐ No

24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.

☐ Yes ☐ No

25. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

☐ Yes ☐ No

26. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

☐ Yes ☐ No

27. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, a detailed you must submit a detailed explanation on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

☐ Yes ☐ No

28. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

☐ Yes ☐ No

29. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

☐ Yes ☐ No

30. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

☐ Yes ☐ No

31.CHARACTER REFERENCES

Please type or print names and addresses of three references, one reference which is a professional reference from a licensed pharmacist and two references from persons with knowledge of the applicant within the past two years. (References cannot be relatives)

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Pharmacy. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 5).

Legal signature of Applicant Date

(Please Type or Print):

Name of Applicant: _____

Address: _____

This verification sent to: _____

CERTIFICATE OF GOOD MORAL CHARACTER

This certifies that I have been personally acquainted or have worked with _____ for _____ years, and that I believe the applicant to be of good moral character. I recommend the applicant to the Montana Board of Pharmacy to become a registered pharmacy technician or technician-in-training.

☐ I recommend ☐ I highly recommend ☐ I recommend with reservations

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

Signature of Reference

VERIFICATION OF LICENSURE/REGISTRATION

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a registration to practice as a Pharmacy Technician or Technician-in-Training in the State of Montana. The Board of Pharmacy requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license/registration. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHARMACY, P.O. BOX 200513, 301 SOUTH PARK AVENUE 4th Floor, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License/Registration Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PHARMACY

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

BOARD SEAL

Title: _____

State Board: _____ Date: _____